

Appendix B: Regional Planning Group Application Checklist

- ☒ Cover page with Agency Name and Region Number
- ☒ Evidence of 501(c)(3) status and Articles of Incorporation
- ☒ Board Member List
- ☒ Executive Director Certification
- ☒ Board Certification
- ☒ Regional Planning Group Structure
- ☒ Executive Summary
- ☒ Project Description
- ☒ Regional Homeless Services Coordination Plan
- ☒ Partner Agency Agreements
- ☒ HMIS Reports
- ☒ Budget Summary (Exhibit 9 printout)

Appendix B Cover Sheet

Coleman Professional Services
Lead Agency
Region 5

Coleman Professional Services

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: SEP 10 1997

Coleman Professional Services, Inc.
C/O Nelson Burns
5982 Rhodes Rd.
Kent, OH 44240-4128

Person to Contact:

Ruth Ohmer

Telephone Number:

513-241-5199

Fax Number:

513-684-5936

Federal Identification Number:

[REDACTED]

Dear Sir or Madam:

This is in response to your letter dated June 9, 1997, requesting a name change to your organization. We have updated our records to reflect this change.

Our records indicate that a determination letter issued in August 1978, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Coleman Professional Services, Inc.
[REDACTED]

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

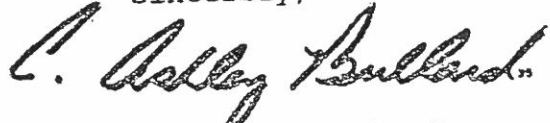
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/08/2011	201115801078	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

COLEMAN PROFESSIONAL SERVICES
5982 RHODES RD
KENT, OH 44240

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2026294**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

COLEMAN BEHAVIORAL HEALTH

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 04/25/2006
Expiration Date: 06/07/2016

Document No(s):

201115801078

COLEMAN PROFESSIONAL SERVICES
5982 RHODES ROAD
KENT, OH 44240



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 7th day of June, A.D.
2011.

Ohio Secretary of State



Form 534A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ Non Expedite PO Box 670
Columbus, OH 43216

NAME REGISTRATION
Filing Fee \$50

(CHECK ONLY ONE (1) BOX)

☒ Trade Name
(167-RNO)

Date of first use: 04/25/2006

☐ Fictitious Name
(169-NFO)

Name being registered or reported: Coleman Behavioral Health

Name of the Registrant: Coleman Professional Services

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

☐ Individual

☐ Unincorporated Association

☐ Partnership

Registration #, if any _____

☐ Professional Association

☐ Limited Partnership

Registration # _____

☐ Other

If foreign, Jurisdiction of Formation _____

☐ Limited Liability Partnership

Registration # _____

If foreign, Jurisdiction of Formation _____

☐ Limited Liability Company

Registration # _____

If foreign, Jurisdiction of Formation _____

☒ Ohio Corporation

Charter # 510127

☐ Foreign Corporation

Ohio license # _____

Jurisdiction of Formation _____

All registrants must complete the information in this section

Business address:

5982 Rhodes Road

Mailing Address

Kent

OH

44240

City

State

Zip Code

The general nature of the business conducted by the registrant:

Not for profit provider of behavioral health and
rehabilitation services**Complete the information in this section if registrant is a partnership not registered in Ohio**

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Must be authenticated
(signed) by the registrant or
an authorized
representative

Signature

Nelson W. Burns

Print Name

06/01/2011

Date

Signature

Print Name

Date

COLEMAN PROFESSIONAL SERVICES BOARD ROSTER
(Updated February, 2013)

Name	Address	City/Zip	Phone	E-Mail	Occupation	TERM	Committee(s)	Chair
Susan Sammons President	[REDACTED]	Brcksville 44141	H: [REDACTED] C: [REDACTED]	[REDACTED]	Director of Nursing	2014*	Human Resources	
Sabrina Christian- Bennett Vice President	4030 State Route 43 Ste 105	Brimfield 44240	H: [REDACTED] W: 330-677-4007 C: [REDACTED]	sbennett@bennettlandtitle.com	Branch Manager	2013*	Public Policy and Marketing	
Gerald Kline Secretary	[REDACTED]	Kent 44240	C: [REDACTED] H: [REDACTED] W: 330-548-4084	[REDACTED]	Kline Insurance Agency	2013*	Human Resources Nomination	Chair
Adam Rubin Treasurer	[REDACTED]	Kent 44240	W: 330-678-8080 C: [REDACTED]	[REDACTED]	Vice President, Mortgage Lending Portage Community Bank	2014	Finance	Chair
Kathy Baker	[REDACTED]	Kent 44240	C: [REDACTED]	[REDACTED]	Communications/ Office Manager	2016	Public Policy and Marketing	
Laura Cessna	[REDACTED]	Kent 44240	H/C: [REDACTED] W: 330-325-6734	lcessna@neomed.edu	Assistant Director-Student Development and Leadership	2016	Continuous Improvement	
Roger Cram	6752 Bancroft St. P. O. Box 642	Hiram 44234	H: [REDACTED] C: [REDACTED]	[REDACTED]	Faculty, Hiram College	2016	Public Policy and Marketing	
Justin Gates	[REDACTED]	Kent 44240	C: [REDACTED] W: 330-676-7682	ke_jgates@kentschools.net	Director of Student Services	2016	Human Resources	
Laurie Knuth	[REDACTED]	Kent 44240	W: 330-676-8625 C: [REDACTED]	ke_lknuth@kentschools.net	Counselor Kent City Schools	2013*	Continuous Improvement	
Lisa Muldowney	[REDACTED]	Rootstown 44272	H/C: [REDACTED] W: 440-632-8184	lmuldowney@middlefieldbank.com	Vice President/Sales Manager	2016	Finance	
Patricia Pakan	[REDACTED]	Stow 44224	H: [REDACTED] C: [REDACTED]	[REDACTED]	Assistant Professor NEOMED	2015	Continuous Improvement	
Susan Rodger	[REDACTED]	Hudson 44236	C: [REDACTED]	[REDACTED]	Mentoring/Developing, Children	2015	Public Policy and Marketing	
Julie Spalding	[REDACTED]	Stow 44224	W: 330-296-6014 C: [REDACTED]	[REDACTED] (prefers cell phone)	Co-Owner Medical Arts Pharmacy	2013*	Public Policy- Mktg Nomination	
Demetrius Spikenard	[REDACTED]	Ravenna 44266	H: [REDACTED]	[REDACTED]		2013	Continuous Improvement	
Theresa Spiker	[REDACTED]	Ravenna 44266	C: [REDACTED] W: 330-296-1717	tspiker@portageco.com	Probation Supervisor PC Adult Probation Dept.	2015	Continuous Improvement	Chair
Joe Vero	[REDACTED]	Aurora 44202	H: [REDACTED]	[REDACTED]	Retired Director of R&D	2013*	Finance Nomination	
Linda Walker	[REDACTED]	Tallmadge 44278	H: [REDACTED] C: [REDACTED]	[REDACTED]	Retired, Elementary Principal	2014	Public Policy and Marketing	Chair
Toby Ann Weber	[REDACTED]	Akron 44301	H: [REDACTED] C: [REDACTED]	[REDACTED]	Nonprofit Management Consultant	2016	Human Resources	
Representative Terri McGuckin	[REDACTED]	Kent 44240	W: 656-1072 x266 C: [REDACTED]	[REDACTED]	MHRB representative			

August 7, 2013

Ohio Development Services Agency
Office of Community Development
77 South High Street, 26th Floor
Columbus, Ohio 43215

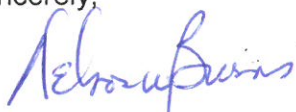
5982 Rhodes Road
Kent, Ohio 44240
330-673-1347
800-673-1347
Fax 330-678-3677

To Whom It May Concern:

Please allow this letter to certify that Coleman Professional Services (CPS) is governed by a voluntary board. CPS board members receive no compensation for their term of service on the board.

Please let me know if I can provide you with additional information regarding this matter.

Sincerely,



Nelson W. Burns
President and CEO

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*An Equal Opportunity
Employer and Service
Provider*

*In association with Allen,
Auglaize, Hardin,
Portage, Stark, Summit
and Trumbull Community
Mental Health Boards.*

*Accredited by CARF, the
Commission on
Accreditation of
Rehabilitation Facilities,
Ohio Department of
Mental Health, Ohio
Department of Health,
and Ohio Department of
Drug and Alcohol
Addiction Services.*

5982 Rhodes Road
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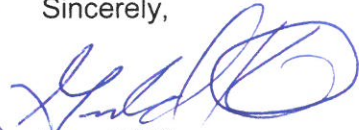
August 7, 2013

Ohio Development Services Agency
Office of Community Development
77 South High Street, 26th Floor
Columbus, Ohio 43215

To Whom It May Concern:

On behalf of the Coleman Professional Services (CPS) Board, please allow this letter to certify that the CPS Board authorizes submission of the Homeless Crisis Response Program application to the Ohio Development Services Agency.

Sincerely,



Board Officer
Coleman Professional Services Board

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*An Equal Opportunity
Employer and Service
Provider*

*In association with Allen,
Auglaize, Hardin,
Portage, Stark, Summit
and Trumbull Community
Mental Health Boards.*

*Accredited by CARF, the
Commission on
Accreditation of
Rehabilitation Facilities,
Ohio Department of
Mental Health, Ohio
Department of Health,
and Ohio Department of
Drug and Alcohol
Addiction Services.*

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Annual Performance Report

Question 7

7. HMIS or Comparable Database Data Quality

Total number of records for All Clients	28
Total number of records for Adults Only	22
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	26

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	0	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
Income (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV / AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

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Annual Performance Report

Questions 8-9

8. Persons Served During the Operating Year by Type

Number of Persons in Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	22	19	3	0	0
Children	6	0	6	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
TOTAL	28	19	9	0	0

Average Number of persons Served Each Night

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Average Number of Persons	8.79	4.32	4.47	0	0

Point-in-Time Count of Persons on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	28	19	9	0	0
April	8	1	7	0	0
July	4	1	3	0	0
October	4	1	3	0	0

9. Households Served During the Operating Year

Number of Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	22	19	3	0	0

Point-in-Time Count of Households Served on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	22	19	3	0	0
April	3	1	2	0	0
July	2	1	1	0	0
October	2	1	1	0	0

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Annual Performance Report

Question 12

12. Client Contacts and Engagements

Number of Persons Contacted Rates During the Operating Year

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
TOTAL	0	0	0	0	0

Number of Persons Engaged by Number of Contacts During the Operating Year

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
1 Contact	0	0	0	0	0
2-5 Contacts	0	0	0	0	0
6-9 Contacts	0	0	0	0	0
10+ Contacts	0	0	0	0	0
TOTAL	0	0	0	0	0

Rate of Engagement	0	0	0	0	0
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Annual Performance Report

Question 15

15a. Gender - Adults

Gender of Adults
Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown HH Type
Male	14	14	0	0
Female	8	5	3	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	22	19	3	0

15b. Gender - Children

Gender of Children
Number of Children in Households

	Total	With Children and Adults	With Only Children	Unknown HH Type
Male	2	2	0	0
Female	4	4	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	6	6	0	0

15c. Gender - Missing Age

Gender of Persons Missing Age Information
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

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Annual Performance Report

Questions 16-17

16. Age

Age
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	2	0	2	0	0
5 - 12	4	0	4	0	0
13 - 17	0	0	0	0	0
18 - 24	2	1	1	0	0
25 - 34	5	3	2	0	0
35 - 44	12	12	0	0	0
45 - 54	3	3	0	0	0
55 - 61	0	0	0	0	0
62+	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
Total	28	19	9	0	0

17a. Ethnicity

Ethnicity
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	28	19	9	0	0
Hispanic/Latino	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	28	19	9	0	0

17b. Race

Race
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	24	15	9	0	0
Black or African-American	3	3	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	1	1	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	28	19	9	0	0

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Annual Performance Report

Questions 18-19

18a. Physical and Mental Health Types of Conditions at Entry

Known Physical and Mental Health Conditions
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Mental Illness	21	18	3	0	0
Alcohol Abuse	3	3	0	0	0
Drug Abuse	1	1	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	0	0	0	0	0
Physical Disability	0	0	0	0	0

18b. Physical and Mental Health Known Conditions at Entry

Number of Known Conditions
Number of Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
None	7	1	6	0	0
1 Condition	15	12	3	0	0
2 Conditions	3	3	0	0	0
3+ Conditions	3	3	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
TOTAL:	28	19	9	0	0

19a. Victims of Domestic Violence

Past Domestic Violence Experience
Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Yes	4	1	3	0	0
No	18	18	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
TOTAL	22	19	3	0	0

19b. When Past Domestic Violence Experience Occurred

Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Less than 3 Months	1	0	1	0	0
3 to 6 Months Ago	2	1	1	0	0
6 to 12 Months Ago	0	0	0	0	0
More than a year Ago	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	1	0	1	0	0
TOTAL	4	1	3	0	0

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Annual Performance Report

Question 20

20a1. Residence Prior to Program Entry - Homeless Situations

Residence Prior to Program Entry - Homeless Situations Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	14	12	2	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for habitation	8	7	1	0	0
Safe Haven	0	0	0	0	0
TOTAL	22	19	3	0	0

20a2. Residence Prior to Program Entry - Institutional Settings

Residence Prior to Program Entry - Institutional Settings Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Foster Care	0	0	0	0	0
TOTAL	0	0	0	0	0

20a3. Residence Prior to Program Entry - Other Locations

Residence Prior to Program Entry - Other Locations Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	0	0	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	0	0	0	0	0
Hotel/Motel, Paid by Client	0	0	0	0	0
Staying or Living with Family	0	0	0	0	0
Staying or Living with Friend(s)	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
TOTAL	0	0	0	0	0

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Annual Performance Report

Questions 21-22

21. Veteran Status

Veteran Status
Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	1	1	0	0
Not a Veteran	21	18	3	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	22	19	3	0

22a1. Physical and Mental Health Condition Types at Exit - Leavers

Known Physical and Mental Health Conditions
Leavers - Total Number by Type

	All Persons	Adults	Children	Unknown
Mental Illness	21	21	0	0
Alcohol Abuse	3	3	0	0
Drug Abuse	1	1	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	0	0	0	0

22a2. Known Physical and Mental Health Condition at Exit - Leavers

Number of Known Conditions
Leavers - Total Number by Type

	All Persons	Adults	Children	Unknown
None	5	0	5	0
1 Condition	14	14	0	0
2 Conditions	4	4	0	0
3+ Conditions	3	3	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
TOTAL:	26	21	5	0

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Annual Performance Report

Questions 21-22

22b1. Physical and Mental Health Condition Types at Exit – Stayers

Known Physical and Mental Health Conditions Stayers - Total Number by Type

	All Persons	Adults	Children	Unknown
Mental Illness	1	1	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	0	0	0	0

22b2. Known Physical and Mental Health Condition at Exit – Stayers

Number of Known Conditions Stayers - Total Number by Type

	All Persons	Adults	Children	Unknown
None	1	0	1	0
1 Condition	0	0	0	0
2 Conditions	0	0	0	0
3+ Conditions	1	1	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
TOTAL:	2	1	1	0

HUD CoC APR

Annual Performance Report

Questions 23-24

23. Client Monthly Cash-Income Amount - Adult Leavers

Client Monthly Cash-Income Amount
Number of Adult Leavers

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	11	11		11	0	0	\$0.00
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	1	1	0	1	0	0	\$0.00
\$251 - \$500	1	1	0	1	0	0	\$0.00
\$501 - \$750	7	6	0	6	1	0	\$41.14
\$751 - \$1,000	1	2	0	1	0	0	\$0.00
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
Total	21	21	0	20	1	0	\$13.71

24. Client Monthly Cash-Income Amount by Entry and Latest Status

Client Monthly Cash-Income Amount by Entry and Latest Status
Number of Adult Stayers

Program Entry	Income at Entry	Follow-up Total	Less Income at Follow-up	Same Income at Follow-up	More Income at Follow-up	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	0	0		0	0	0	0
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	0	1	0	0	0	0	0
\$751 - \$1,000	1	0	1	0	0	0	(\$230.00)
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
Total	1	1	1	0	0	0	(\$230.00)

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Annual Performance Report

Question 25

25a1. Cash Income Types by Exit Status - Leavers

Cash-Income Sources

Type of Cash-Income Sources by Number of Persons - Leavers

	Total	Adults	Children	Age Unknown
Earned Income	3	3	0	0
Unemployment Insurance	0	0	0	0
SSI	5	5	0	0
SSDI	3	3	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	1	1	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
TOTAL	12	12	0	0

25a2. Cash-Income by Exit Status - Leavers

Cash-Income Sources

Number of Cash-Income Sources by Number of Persons - Leavers

	Total	Adults	Children	Age Unknown
No Sources	16	11	5	0
1+ Source(s)	10	10	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
TOTAL	26	21	5	0

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Annual Performance Report

Question 25

25b1. Cash-Income Sources - Stayers

Cash-Income Sources
Type of Cash-Income Sources by Number of Persons - Stayers

	Total	Adults	Children	Age Unknown
Earned Income	0	0	0	0
Unemployment Insurance	0	0	0	0
SSI	1	1	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	1	1	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
TOTAL	2	2	0	0

25b2. Cash Income Number of Sources - Stayers

Cash-Income Sources
Number of Cash-Income Sources by Number of Persons - Stayers

	Total	Adults	Children	Age Unknown
No Sources	1	0	1	0
1+ Source(s)	1	1	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
TOTAL	2	1	1	0

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Annual Performance Report

Question 26

26a1. Non-Cash Benefit Types by Exit Status - Leavers

Non-Cash Benefits
Non-Cash Benefits by Number of Persons - Leavers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	21	19	2	0
MEDICAID Health Insurance	12	7	5	0
MEDICARE Health Insurance	1	1	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	6	6	0	0
Section 8, Public Housing, Rental Assistance	1	1	0	0
Other Source	0	0	0	0
TOTAL	41	34	7	0

26a2. Non-Cash Benefits by Exit Status - Leavers

Client Non-Cash Benefits by Exit Status
Number of Non-Cash Benefits by Number of Persons - Leavers

	Total	Adults	Children	Age Unknown
No Sources	2	2	0	0
1+ Source(s)	24	19	5	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
TOTAL	26	21	5	0

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Annual Performance Report

Question 26

26b1. Non-Cash Benefit Sources - Stayers

Non-Cash Benefits Non-Cash Benefits by Number of Persons - Stayers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	1	1	0	0
MEDICAID Health Insurance	2	1	1	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	1	1	0	0
Section 8, Public Housing, Rental Assistance	1	1	0	0
Other Source	0	0	0	0
TOTAL	5	4	1	0

26b2. Number of Non-Cash Benefit Sources - Stayers

Client Non-Cash Benefits by Exit Status Number of Non-Cash Benefits by Number of Persons - Stayers

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	2	1	1	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
TOTAL	2	1	1	0

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Annual Performance Report

Question 27

27. Length of Participation by Exit Status

Length of Participation by Exit Status
Number of Persons

	Total	Leavers	Stayers
Less than 30 days	3	3	0
31 to 60 days	0	0	0
61 to 180 days	11	11	0
181 to 365 days	7	7	0
366 to 730 days (1-2 Yrs)	6	5	1
731 to 1095 days (2-3 Yrs)	0	0	0
1096 to 1460 days (3-4 Yrs)	1	0	1
1461 to 1825 days (4-5 Yrs)	0	0	0
More than 1825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
Total	28	26	2

Average and Median Length of Participation in Days

	Average Length	Median Length
Leavers	216	174
Stayers	807	807

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Annual Performance Report

Question 29

29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days) Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	2	2	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	11	6	5	0	0
PSH for Homeless Persons	7	7	0	0	0
Living with Family, Permanent Tenure	2	2	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	22	17	5	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

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Annual Performance Report

Question 29

29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	1	1	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	1	1	0	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	3	0	3	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	3	0	3	0	0

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Annual Performance Report

Question 36

36a. Permanent Housing Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

36b. Transitional Housing Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			26	23	88.46%	
2a. Total Income Measure			22	1	4.55%	
2b. Earned Income Measure			22	0	0.00%	

36c. Street Outreach Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Physical Disability			0	0	0.00%	
2b. Developmental Disability			0	0	0.00%	
2c. Chronic Health			0	0	0.00%	
2d. HIV/AIDS			0	0	0.00%	
2e. Mental Health			0	0	0.00%	
2f. Substance Abuse			0	0	0.00%	

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Annual Performance Report

Question 36

36d. Supportive Services Only (SSO) Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

36e. Safe Haven Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	

HUD CoC APR

Annual Performance Report

Additional Information

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)
2. Enter Start Date:	1/1/2013
3. Enter End Date PLUS 1 Day:	1/1/2014
4. Select Entry Type:	HUD
5. Enter Adult Age:	18
EDA Provider	-Default Provider-
Enter Effective Date	7/1/13 Potential Error: Effective Date is prior to the report end date.
Is using the Disability Determination field part of your workflow for HUD reporting?	No
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes

Provider Reporting Information	Client Count Based on Uid	Unduplicated Count
Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)	28	28

Additional Information
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Bowman Systems
333 Texas Street, 300
Shreveport, LA 71101
Toll Free: (888) 580-3831
Direct: (318) 213-8780
Fax: (318) 213-8784
<http://www.bowmansystems.com>

Inez Bryant

From: Anngi Klick
Sent: Wednesday, September 11, 2013 3:50 PM
To: Inez Bryant
Subject: RE: Timesheets

I will send Vangie Hardy's now--I am sorry, I did not catch the dates.

-----Original Message-----

From: Inez Bryant
Sent: Wednesday, September 11, 2013 3:49 PM
To: Anngi Klick
Cc: Mark Woods; Ryan Hough
Subject: RE: Timesheets

Good afternoon,

The window to process payroll is very short. With that said, I shall continue.

I just looked at the timesheets that Mark sent. These are the ones I used to process payroll.

Alesia Martin has pay period 8/03-16 with dates of Aug 17-30 noted.
Wanda Carver has pay period 8/03-16 with dates of Aug 17-30 noted.

Lora Lennon has pay period 8/03-16 with dates of Aug 3-16 noted.
Loretta Hartman has pay period 8/03-16 with dates of Aug 3-16 noted.
Evangeline Hardy has pay period 8/03-16 with dates of Aug 3-16 noted.

I am out of the office tomorrow. Payables is on vacation starting Friday Aug 13.

At the moment, I'm not certain of the solution.
Step one is getting the correct hours to determine the correct pay due.

Please send this information as soon as possible today.

Thank you

-----Original Message-----

From: Anngi Klick
Sent: Wednesday, September 11, 2013 3:34 PM
To: Inez Bryant
Subject: RE: Timesheets

If you notice the dates of first scan for everyone's the dates were wrong. I didn't catch it, Mark didn't catch it and neither did you. I just needed to see if they could get corrected. I sent an email as soon as caught today.

-----Original Message-----

From: Inez Bryant
Sent: Wednesday, September 11, 2013 1:42 PM
To: Anngi Klick

Subject: Timesheets

Hello,

I just received these timesheets for Lora Lennon and Loretta Hartman for pay period Aug 17-30.

Is there an explanation of why they were sent?

Thank you

-----Original Message-----

From: xerox5755@coleman-bh.com [<mailto:xerox5755@coleman-bh.com>]

Sent: Wednesday, September 11, 2013 12:03 PM

To: Inez Bryant

Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: Coleman Professional Canton Office

Device Name: XRX0000AAF95B65

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

Bed Utilization Report

Please refer to the guidance for this report called Ohio Balance of State Bed Utilization and the AHAR for help with this report.

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

PIT Dates	Bed Count	Client Count	Utilization
12/31/2012	25	28	112%
12/31/2013	-	-	-
12/26/2012	25	28	112%
1/30/2013	25	28	112%
2/27/2013	25	22	88%
3/27/2013	25	14	56%
4/24/2013	25	8	32%
5/29/2013	25	4	16%
6/26/2013	25	4	16%
7/31/2013	25	4	16%
8/28/2013	25	4	16%
9/25/2013	-	-	-

Bed Utilization Client Detail for 12/31/2012

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	28	112%

Client Count Detail		
Client ID	Entry Date	Exit Date
8756	11/21/2012	03/31/2013
24494	08/01/2012	03/31/2013
67159	12/01/2012	03/31/2013
91985	09/13/2010	
106417	01/05/2012	03/14/2013
114315	11/15/2011	04/30/2013
114316	11/15/2011	04/30/2013
114317	11/15/2011	04/30/2013
117633	12/13/2011	03/14/2013
120523	07/14/2012	03/31/2013
122380	05/01/2012	04/04/2013
124131	08/01/2012	01/31/2013
124410	08/02/2012	03/14/2013
124790	06/22/2012	01/31/2013
126676	06/20/2012	03/14/2013
129763	08/10/2012	01/31/2013
132694	08/10/2012	01/31/2013
134399	09/26/2012	03/05/2013
134406	10/01/2012	03/15/2013
135560	11/27/2012	03/05/2013
135566	11/19/2012	04/30/2013
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
135575	12/28/2012	04/03/2013
135582	10/26/2012	01/31/2013
135583	10/26/2012	01/31/2013
136785	12/20/2012	03/05/2013
Client Count:		28

Bed Utilization Client Detail for 12/31/2013

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
-	-	-

Client Detail		
Client ID	Entry Date	Exit Date
-	-	-
-	-	-
-	-	-
-	-	-
Client Count:		-

Bed Utilization Client Detail for 12/26/12

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	28	112%

Client Detail		
Client ID	Entry Date	Exit Date
8756	11/21/2012	03/31/2013
24494	08/01/2012	03/31/2013
67159	12/01/2012	03/31/2013
91985	09/13/2010	
104311	07/22/2011	12/31/2012
106417	01/05/2012	03/14/2013
114315	11/15/2011	04/30/2013
114316	11/15/2011	04/30/2013
114317	11/15/2011	04/30/2013
117633	12/13/2011	03/14/2013
120523	07/14/2012	03/31/2013
122380	05/01/2012	04/04/2013
124131	08/01/2012	01/31/2013
124410	08/02/2012	03/14/2013
124790	06/22/2012	01/31/2013
126676	06/20/2012	03/14/2013
129763	08/10/2012	01/31/2013
132694	08/10/2012	01/31/2013
134399	09/26/2012	03/05/2013
134406	10/01/2012	03/15/2013
135560	11/27/2012	03/05/2013
135566	11/19/2012	04/30/2013
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
135582	10/26/2012	01/31/2013
135583	10/26/2012	01/31/2013
136785	12/20/2012	03/05/2013
Client Count:		28

Bed Utilization Client Detail for 1/30/13

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	28	112%

Client Detail		
Client ID	Entry Date	Exit Date
8756	11/21/2012	03/31/2013
24494	08/01/2012	03/31/2013
67159	12/01/2012	03/31/2013
91985	09/13/2010	
106417	01/05/2012	03/14/2013
114315	11/15/2011	04/30/2013
114316	11/15/2011	04/30/2013
114317	11/15/2011	04/30/2013
117633	12/13/2011	03/14/2013
120523	07/14/2012	03/31/2013
122380	05/01/2012	04/04/2013
124131	08/01/2012	01/31/2013
124410	08/02/2012	03/14/2013
124790	06/22/2012	01/31/2013
126676	06/20/2012	03/14/2013
129763	08/10/2012	01/31/2013
132694	08/10/2012	01/31/2013
134399	09/26/2012	03/05/2013
134406	10/01/2012	03/15/2013
135560	11/27/2012	03/05/2013
135566	11/19/2012	04/30/2013
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
135575	12/28/2012	04/03/2013
135582	10/26/2012	01/31/2013
135583	10/26/2012	01/31/2013
136785	12/20/2012	03/05/2013
Client Count:		28

Bed Utilization Client Detail for 2/27/13

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	22	88%

Client Detail		
Client ID	Entry Date	Exit Date
8756	11/21/2012	03/31/2013
24494	08/01/2012	03/31/2013
67159	12/01/2012	03/31/2013
91985	09/13/2010	
106417	01/05/2012	03/14/2013
114315	11/15/2011	04/30/2013
114316	11/15/2011	04/30/2013
114317	11/15/2011	04/30/2013
117633	12/13/2011	03/14/2013
120523	07/14/2012	03/31/2013
122380	05/01/2012	04/04/2013
124410	08/02/2012	03/14/2013
126676	06/20/2012	03/14/2013
134399	09/26/2012	03/05/2013
134406	10/01/2012	03/15/2013
135560	11/27/2012	03/05/2013
135566	11/19/2012	04/30/2013
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
135575	12/28/2012	04/03/2013
136785	12/20/2012	03/05/2013
Client Count:		22

Bed Utilization Client Detail for 03/27/2013

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	14	56%

Client ID	Entry Date	Exit Date
8756	11/21/2012	03/31/2013
24494	08/01/2012	03/31/2013
67159	12/01/2012	03/31/2013
91985	09/13/2010	
114315	11/15/2011	04/30/2013
114316	11/15/2011	04/30/2013
114317	11/15/2011	04/30/2013
120523	07/14/2012	03/31/2013
122380	05/01/2012	04/04/2013
135566	11/19/2012	04/30/2013
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
135575	12/28/2012	04/03/2013
Client Count:		14

Bed Utilization Client Detail for 04/24/2013

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	8	32%

Client Detail		
Client ID	Entry Date	Exit Date
91985	09/13/2010	
114315	11/15/2011	04/30/2013
114316	11/15/2011	04/30/2013
114317	11/15/2011	04/30/2013
135566	11/19/2012	04/30/2013
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
Client Count:		8

Bed Utilization Client Detail for 05/29/2013

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	4	16%

Client Detail		
Client ID	Entry Date	Exit Date
91985	09/13/2010	
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
Client Count:		4

Bed Utilization Client Detail for 06/26/2013

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	4	16%

Client Detail		
Client ID	Entry Date	Exit Date
91985	09/13/2010	
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
Client Count:		4

Bed Utilization Client Detail for 07/31/2013

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	4	16%

Client Detail		
Client ID	Entry Date	Exit Date
91985	09/13/2010	
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
Client Count:		4

Bed Utilization Client Detail for 08/28/2013

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
25	4	16%

Client Detail		
Client ID	Entry Date	Exit Date
91985	09/13/2010	
135567	11/19/2012	
135568	11/19/2012	
135570	11/19/2012	
Client Count:		4

Bed Utilization Client Detail for 09/25/2013

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

Bed Count	Client Count	Utilization
-	-	-

Client Detail		
Client ID	Entry Date	Exit Date
-	-	-
-	-	-
-	-	-
-	-	-
Client Count:		-

Bed Utilization Report Prompts

Provider(s) Chosen:

Portage - Coleman Professional Services - Transitional Housing Renewal - TH(362)

PIT Date 1	12/31/2012
PIT Date 2	12/31/2013
PIT Date 3	12/26/12
PIT Date 4	1/30/13
PIT Date 5	2/27/13
PIT Date 6	03/27/2013
PIT Date 7	04/24/2013
PIT Date 8	05/29/2013
PIT Date 9	06/26/2013
PIT Date 10	07/31/2013
PIT Date 11	08/28/2013
PIT Date 12	09/25/2013

Ashtabula County Community Housing Development Organization

Internal Revenue Service

Date: February 27, 2006

ASHTABULA COUNTY COMMUNITY
HOUSING DEVELOPMENT ORGANIZATION
INC
2009 W PROSPECT
ASHTABULA OH 44004-6437

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Sheila Schrom 31-02836
Customer Service Representative

Toll Free Telephone Number:

877-829-5500

Federal Identification Number:

[REDACTED]

Dear Sir or Madam:

This is in response to your request of February 27, 2006, regarding your organization's tax-exempt status.

In October 1994 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

MAR 06 2006

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 12, 2013

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 5, 2013, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2013*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2013* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

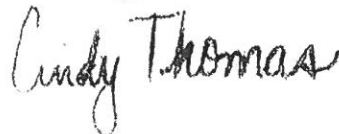
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Cindy Thomas". The signature is written in a cursive, flowing style.

Cindy Thomas
Manager, Exempt Organizations
Determinations



JUL 01 2013

DATE: 06/26/2013	DOCUMENT ID: 201317700518	DESCRIPTION: DOMESTIC/REINSTATEMENT (REN)	FILING: 25.00	EXPED: .00	PENALTY: .00	CERT: .00	COPY: .00
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Receipt

This is not a bill. Please do not remit payment.

COMMUNITY ACTION
FISCAL SERVICES
PO BOX 2610
ASHTABULA, OH 44005

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
854187

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ASHTABULA COUNTY COMMUNITY HOUSING DEVELOPMENT ORGANIZATION, INC.
and, that said business records show the filing and recording of:

Document(s)
DOMESTIC/REINSTATEMENT

Document No(s):
201317700518

Effective Date: 06/26/2013



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 26th day of June, A.D.
2013.

Jon Husted

Ohio Secretary of State

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ASHTABULA COUNTY COMMUNITY HOUSING DEVELOPMENT ORGANIZATION, INC., an Ohio not for profit corporation, Charter No. 854187, having its principal location in Saybrook Twp., County of Ashtabula, was incorporated on September 28, 1993 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 9th day of September, A.D. 2013.*

Jon Husted

Ohio Secretary of State

Validation Number: 201325200403



Ashtabula County Community Housing Development Organization, Inc.

Judith Barris
Executive Director

Don Koski
Board Chairperson

Carmen Kuula
Director of Development

To whom it may concern:

The Board of Directors of Ashtabula County Community Housing Development Organization, Inc., hereby approves the submission of the Region 5 Homeless Crisis Response Program- Fiscal Year 2013 Application for funding of the New Hope Program in the amount of \$51,000.00

A handwritten signature in dark ink, appearing to read "Donald R. Koski", is written over a horizontal line.

Donald R. Koski
Board Chairperson

A handwritten date "9-9-13" is written over a horizontal line.

Date

6920 Austinburg Road, PO Box 2610, Ashtabula, OH 44005-2610

P:(440) 997-1721

www.accaa.org

F:(440) 992-3319

This Agency is an equal provider of services and an equal employment opportunity employer. Civil rights Act 1964 (CRA)



**Ashtabula County Community
Housing Development Organization Inc.**

P: (440) 997-1721

F: (440) 992-3319

Judith Barris
Executive Director

Don Koski
Board Chairperson

ACCHDO Board of Directors

Member	County	Occupation
Donald Koski Koski Construction Company P.O. Box 1038 Ashtabula, OH 44005-1038 440-997-5337 Drk6@suite224.net	Ashtabula County	President/Owner
Lynn Zalewski Catholic Charities of Ashtabula County 4200 Park Ave. 3rd Floor Ashtabula, OH 44004 440-992-2121 LynnZ@doyccac.org	Ashtabula County	Executive Director
Mark "Skip" Weber Chase 6572 N. Ridge Rd. Madison, OH 44057 Office: 440-428-1158 Cell: [REDACTED] Mark.a.weber@chase.com	Ashtabula County	Mortgage Advisor
Steve Sargent Samaritan House P.O. Box 0743 Ashtabula, OH 44005-0743 440-992-3178 [REDACTED]	Ashtabula County	Executive Director
Vacant		

6920 Austinburg Road, PO Box 2610, Ashtabula, OHIO 44005-2610

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Ashtabula County Community Housing Development Organization, Inc.

Judith Barris
Executive Director

Don Koski
Board Chairperson

Carmen Kuula
Director of Development

September 3, 2013

RE: Homeless Crisis Response Program

To whom it may concern:

This is to certify that Ashtabula County Community Housing Development Organization, Inc. (ACCHDO) has a voluntary Board of Directors who receive no compensation, other than reimbursement for expenses for their services.

Sincerely,

A handwritten signature in cursive script that reads "Judith Barris".

Judith Barris
Executive Director

6920 Austinburg Road, PO Box 2610, Ashtabula, OH 44005-2610

P:(440) 997-1721

www.accaa.org

F:(440) 992-3319

This Agency is an equal provider of services and an equal employment opportunity employer. Civil rights Act 1964 (CRA)

HUD Annual Performance Report (HUD-40118)

Reporting Group:**Provider:**

Ashtabula - Ashtabula County CHDO - New Hope -
TH (380)

☐ This provider AND its subordinates

☒ This provider
ONLY

Use client unique id for duplicate checks: No

Operating Year Date Range: 1/1/2013 - 6/30/2013

Legal Adult Age: 18

Use pre-HPRP logic:

No

2. Persons Served during the operating year.	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a. Number on the first day of the operating year.	0	0	0	0
b. Number entering program during the operating year.	0	2	2	2
c. Number who left the program during the operating year.	0	0	0	0
d. Number in the program on the last day of the operating year. (a+b-c=d)	0	2	2	2
3. Project Capacity.	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a. Number on last day (from 2d, columns 1 and 4)	0			2
4. Non-homeless persons. (Sec. 8 SRO projects only)				
How many income-eligible non-homeless persons were housed by the SRO program during the operating year?				0
5. Age and Gender. Of those who entered during the operating year, how many people are in the following age and gender categories?				
	Age	Male	Female	Other/Not given
Single Persons (from 2b, column 1)	a. 62 and over	0	0	0
	b. 51 - 61	0	0	0
	c. 31 - 50	0	0	0
	d. 18 - 30	0	0	0
	e. 17 and under	0	0	0
	Not given	0	0	0
Persons in Families (from 2b, columns 2 & 3)	f. 62 and over	0	0	0
	g. 51 - 61	0	0	0
	h. 31 - 50	0	1	0
	i. 18 - 30	0	1	0
	j. 13 - 17	0	0	0
	k. 6 - 12	0	1	0
	l. 1 - 5	0	1	0
	m. Under 1	0	0	0

Not given	0	0	0
6 - 10. Participants who entered during the operating year.			
6a. Veterans Status.			
A veteran is anyone who has ever been on active military duty status.	1		
6b. Chronically Homeless.			
How many participants were chronically homeless individuals?	0		
7. Ethnicity.			
a. Hispanic or Latino	0		
b. Non-Hispanic or Non-Latino	2		
8. Race.			
a. American Indian or Alaskan Native	0		
b. Asian	0		
c. Black or African American	0		
d. Native Hawaiian or Other Pacific Islander	0		
e. White	2		
f. American Indian/Alaskan Native & White	0		
g. Asian & White	0		
h. Black/African American & White	0		
i. American Indian/Alaskan Native & Black/African American	0		
j. Other Multi-Racial	0		
k. Other/Unknown (all that do not match)	0		
9a. Special Needs.			
	All	Chronic	
a. Mental illness	0	0	
b. Alcohol abuse	0	0	
c. Drug abuse	0	0	
d. HIV/AIDS or related diseases	0	0	
e. Developmental disability	0	0	
f. Physical disability	0	0	
g. Domestic violence	1	0	
h. Other (please specify)	0	0	
9b. Disabled.			
How many of the participants are disabled?	0		
10. Prior Living Situation. Participants slept in the following places the week prior to entering.			
	All	Chronic	
a. Non-housing (street, park, car, bus station, etc.)	0	0	
b. Emergency shelter	0	0	
c. Transitional housing for homeless persons	0		
d. Psychiatric facility	0		
e. Substance abuse treatment facility	0		
f. Hospital	0		
g. Jail/prison	0		
h. Domestic violence situation	0		
i. Living with relatives/friends	1		
j. Rental housing	0		
k. Other (please specify)	1		

11. Amount and Source of Monthly Income at Entry and Exit. Participants who left during the operating year.

Amount	A. Monthly Income at Entry		B. Monthly Income at Exit	
	All	Chronic	All	Chronic
a. No Income	0	0	0	0
b. \$1-150	0	0	0	0
c. \$151 - \$250	0	0	0	0
d. \$251 - \$500	0	0	0	0
e. \$501 - \$1000	0	0	0	0
f. \$1001 - \$1500	0	0	0	0
g. \$1501 - \$2000	0	0	0	0
h. \$2000 +	0	0	0	0
Source	C. Income Sources at Entry		D. Income Sources at Exit	
	All	Chronic	All	Chronic
a. Supplemental Security Income (SSI)	0	0	0	0
b. Social Security Disability Insurance (SSDI)	0	0	0	0
c. Social Security	0	0	0	0
d. General Public Assistance	0	0	0	0
e. Temporary Aid to Needy Families (TANF)	0	0	0	0
f. State Children's Health Insurance Program (SCHIP)	0	0	0	0
g. Veterans benefits	0	0	0	0
h. Employment Income	0	0	0	0
i. Unemployment Benefits	0	0	0	0
j. Veteran's Health Care	0	0	0	0
k. Medicaid	0	0	0	0
l. Food Stamps	0	0	0	0
m. Other (please specify)	0	0	0	0
n. No financial resources	0	0	0	0

12a. Length of Stay in Program. Participants who left during the operating year.

	All	Chronic
a. Less than 1 month	0	0
b. 1 to 2 months	0	0
c. 3 - 6 months	0	0
d. 7 months - 12 months	0	0
e. 13 months - 24 months	0	0
f. 25 months - 3 years	0	0
g. 4 years - 5 years	0	0
h. 6 years - 7 years	0	0
i. 8 years - 10 years	0	0
j. over 10 years	0	0

12b. Length of Stay in Program. Participants who did not leave during the operating year.

	All	Chronic
a. Less than 1 month	0	0
b. 1 to 2 months	0	0
c. 3 - 6 months	2	0
d. 7 months - 12 months	0	0
e. 13 months - 24 months	0	0

f. 25 months - 3 years	0	0	
g. 4 years - 5 years	0	0	
h. 6 years - 7 years	0	0	
i. 8 years - 10 years	0	0	
j. over 10 years	0	0	
13. Reasons for Leaving. Participants who left during the operating year.			
	All	Chronic	
a. Left for a housing opportunity before completing program	0	0	
b. Completed program	0	0	
c. Non-payment of rent/occupancy charge	0	0	
d. Non-compliance with project	0	0	
e. Criminal activity / destruction of property / violence	0	0	
f. Reached maximum time allowed in project	0	0	
g. Needs could not be met by project	0	0	
h. Disagreement with rules/persons	0	0	
i. Death	0	0	
j. Other (please specify)	0	0	
k. Unknown/disappeared	0	0	
14. Destination. Participants who left during the operating year.			
	All	Chronic	
PERMANENT (a - h)	a. Rental house or apartment (no subsidy)	0	0
	b. Public Housing	0	0
	c. Section 8	0	0
	d. Shelter Plus Care	0	0
	e. HOME subsidized house or apartment	0	0
	f. Other subsidized house or apartment	0	0
	g. Homeownership	0	0
	h. Moved in with family or friends	0	0
TRANSITIONAL (i - j)	i. Transitional housing for homeless persons	0	0
	j. Moved in with family or friends	0	0
INSTITUTION (k - m)	k. Psychiatric hospital	0	0
	l. Inpatient alcohol/drug treatment facility	0	0
	m. Jail/prison	0	0
EMERGENCY SHELTER (n)	n. Emergency shelter	0	0
OTHER (o - q)	o. Other supportive housing	0	0
	p. Places not meant for human habitation (e.g. street)	0	0
	q. Other (please specify)	0	0
UNKNOWN	r. Unknown	0	0
15. Supportive Services. Participants who left during the operating year.			
NOTE: The below services were given to participants who left during the operating year. Add the following counts into the appropriate category for question 15.			
Service	Service Code	All	Chronic
No supportive services found.			

MEMORANDUM OF UNDERSTANDING

BETWEEN

Ashtabula County Community Housing Development Organization, Inc. (hereby known as "Service Provider")

AND

Coleman Professional Services (hereby known as "Sponsor")

REGARDING

Ohio Department of Development Homeless Crisis Response Program (hereby known as "Project").

The Sponsor has applied for Homeless Crisis Response Program funds from the Ohio Development Services Agency (ODSA) for Region 5 and has made certain representations to ODSA regarding the provision of homeless prevention and re-housing services to very low- and low-income households/tenants. To further accomplish the goals of the Project, the Sponsor desires to enter into a sub-grantee relationship with the Service Provider in the following manner:

Service Provider will provide:

- Training for Service Provider staff
- Written policies and procedures
- HMIS data entry for all Service Provider HCRP clients
- Payment for all Service Provider HCRP client vouchers
- Reimbursement for Service Provider for case management provided for HCRP clients
- Monitoring and review of Service Provider client records for compliance
- Submission of documents to Sponsor within agreed timeline

Sponsor will act as point of contact for Region 5 HCRP providers in Ashtabula, Geauga, Lake, Portage and Trumbull Counties and will provide:

- Management and administration of the program
- Submission of request for payments to Service Provider within agreed timeline
- Assistance with outreach/marketing for the program
- Monthly submission of invoice for reimbursement from ODSA
- Ensure that all regulatory and funding requirements are met
- Provide quarterly financial reports and any other required information to Service Provider for regulatory and funding agencies
- Will coordinate and submit progress reports

It is understood that the Service Provider responsibilities as defined in this Memorandum of Understanding are contingent upon Project funding. The Project is designed to prevent individuals and families from entering homelessness and, where homelessness does occur, to provide for emergency shelter operations and to rapidly move persons from emergency shelter into permanent housing. Service Provider will maintain monthly contact with Sponsor throughout the duration of the program.

GENERAL TERMS

Terms. This Agreement will begin effective the date of January 1, 2014 and will continue through December 31, 2014. This Agreement may be terminated in accordance with the section on Termination below.

Termination. Any party may terminate this Agreement by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the parties in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

Confidentiality. All parties agree that by virtue of entering into this Agreement they will have access to certain confidential information regarding the other party's operations related to the Project. All parties agree that they will not at any time disclose confidential information and/or material without the consent of the party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. Where appropriate, client releases will be secured before confidential consumer information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

Arbitration. Should any party wish to commence an action for damages under this Agreement, it shall be required to adjudicate the dispute through binding arbitration under the rules of the American Arbitration Association or under such rules to which the parties may agree. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment there upon shall be borne equally by all parties. During the course of the arbitration and until a final settlement has been reached, this Agreement shall remain in full force and effect unless otherwise terminated as provided in this Agreement.

Nondiscrimination. Parties agree that there shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, familial status, marital status, sexual orientation, age, handicap, ancestry or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination under Project funded in whole or in part with funds made available through this MOU.

Severability. In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

Amendments. This Agreement may be amended only in writing and authorized by the designated representative of the parties.

The Parties hereto have caused this agreement to be executed this 6th *day of* September, 2013.

Signed:

Julius Barry, Executive Director
Service Provider/Title

Date: 9/6/13

Signed:

Neha Burns
Sponsor Signature/Title

Date: 9/10/13

Board of Lake County Commissioners

The Board of County Commissioners, in and for Lake County, Ohio, met this day in regular session with the following members present:

Commissioners: Aufuldish, Moran and Troy

Commissioner Moran presented the following resolution and moved its adoption.

RESOLUTION ACCEPTING A STATE OF OHIO FY13 HOMELESS CRISIS RESPONSE PROGRAM GRANT IN THE AMOUNT OF \$203,080 AND AUTHORIZING EXECUTION OF THE MOU BY AND BETWEEN THE LAKE COUNTY BOARD OF COMMISSIONERS AND THE STATE OF OHIO, DEVELOPMENT SERVICES AGENCY – BALANCE OF STATE CONTINUUM OF CARE REGION FIVE LEAD AGENCY – COLEMAN PROFESSIONAL SERVICES FOR GRANT PERIOD JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

WHEREAS, the Board of County Commissioners hereby finds and determines that all formal actions relative to the adoption of this resolution were taken in an open meeting of this Board of County Commissioners, and that all the deliberations of this Board of County Commissioners and of its committees, if any, which resulted in formal actions, were taken in meetings open to the public, in full compliance with applicable legal requirements, including Section 121.22 of the Revised Code, and

WHEREAS, the Board of Lake County Commissioners is applying for a proportional award of the Region V (five) allocation on behalf of the service area that consists of Lake County. Allocated funds to Ohio Development Services Agency – Balance of State Continuum of Care - Region V (five) held in the Ohio State Treasury. Pursuant to Ohio Revised Code Section 174.02 (A), the HTF consists of all appropriations, housing trust fund fees collected by county recorders pursuant to 317.36 of the Revised Code and deposited pursuant to section 319.63 of the Revised Code, and all grants, gifts loan repayments, and contributions of money made from any source to the State of Ohio. Funds under the FY13 Homeless Crisis Response Program may only be used to help eligible households at or below 30% of the Area Median Income as required by the federal Emergency Solutions Grant (ESG); and

WHEREAS, the financial assistance, case management, data collection/evaluation and administrative awards from the above mentioned funds will be allocated for the sole express purpose of providing for the performance of the FY'13 Homeless Crisis Response Program; and

WHEREAS, the FY'13 Homeless Crisis Response Program applications are rated on Proposal Content, Outcomes, Collaboration, Targeting and Need, Capacity, and Homeless Management Information System (HMIS) Data Quality; and

WHEREAS, it is necessary to apply for a proportional award of the Region V (five) allocation on behalf of the service area that consists of Lake County for the State of Ohio FY'13 Homeless Crisis Response Program grant in the amount of \$203,080 and to authorize execution of the MOU by and between the State of Ohio, Development Services Agency – Balance of State Continuum of Care - Region V (five) Lead entity - Coleman Professional Services and the Board of Lake County Commissioners for the grant period January 1, 2014 through December 31, 2014. A copy of said Memorandum of Understanding is incorporated herein and made part of this resolution by reference.

NOW, THEREFORE, BE IT RESOLVED, that the Board of County Commissioners, in and for Lake County, Ohio, hereby agrees to apply for funding on behalf of the service area consisting of Lake County and will accept the State of Ohio FY'13 Homeless Crisis Response Program grant in the amount of \$203,080 and authorizes execution of Memorandum of Understanding by and the State of Ohio, Development Services Agency – Balance of State Continuum of Care - Region V (five) Lead entity - Coleman Professional Services and the Board of Lake County Commissioners.

BE IT FURTHER RESOLVED, that the Clerk of the Board is hereby directed to forward certified copies of this resolution to the Lake County Auditor; David Radachy, Planning Director, Marian Norman, Program Manager; the State of Ohio, Development Services Agency.

Commissioner Troy seconded the resolution and the roll being called upon its adoption, the vote resulted as follows:

"AYES": Commissioners: Aufuldish, Moran and Troy


"NAYS": None

Resolution adopted,
Amy Elszasz, Clerk

CLERK'S CERTIFICATION

I, Amy Elszasz, duly appointed Clerk of the Board of County Commissioners, do hereby certify that this is a true and accurate copy of a resolution adopted by said Board on September 5, 2013 and recorded in the Commissioners' Journal, Volume 2013.

WITNESS my hand this fifth day of September, 2013, in Painesville, Ohio.



Amy Elszasz, Clerk
Board of Commissioners, in and
for Lake County, Ohio

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(C-46)

HUD HPRP

Annual Performance Report

Questions 4-5

4. Combined HMIS and Comparable Database Data Quality

Total number of records for All Clients	87
Total number of records for Adults Only	45
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	87

Combined HMIS and Comparable Database Data Quality

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	11	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
Income (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	14
Destination	0	0

HUD HPRP

Annual Performance Report

Questions 4-5

5a. Persons Served by Household Type - Homelessness Prevention

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	45	25	20	0	0
Children	42	0	42	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
TOTAL	87	25	62	0	0

5b. Persons Served by Household Type - Homeless Assistance

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	0	0	0	0	0
Children	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
TOTAL	0	0	0	0	0

5c. Persons Served by Household Type – Homelessness Prevention and Homeless Assistance

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	45	25	20	0	0
Children	42	0	42	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
TOTAL	87	25	62	0	0

HUD HPRP

Annual Performance Report

Questions 6-8

6. Households Served

Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	33	18	15	0	0

7. Housing Status at Entry

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Literally Homeless	0	0	0	0	0
Imminently Losing Housing	87	25	62	0	0
Unstably Housed	0	0	0	0	0
Stably Housed	0	0	0	0	0
TOTAL		25	62	0	0

8a. Persons and Households Served with Homelessness Prevention by Service Activity

Activities	Persons		Households	
	Report Period	GTD	Report Period	GTD
Financial Assistance				
Financial Assistance	87	87	33	33
Security/Utility Deposits	0	0	0	0
Utility Payments	0	0	0	0
Moving Cost Assistance	0	0	0	0
Motel & Hotel Vouchers	0	0	0	0
Total Served with Financial Assistance	87	87	33	33
Housing Relocation & Stabilization Services				
Case Management	87	87	33	33
Outreach & Engagement	0	0	0	0
Housing Search and Placement	0	0	0	0
Legal Services	0	0	0	0
Credit Repair	0	0	0	0
Total Served with Housing Relocation & Stabilization Services	87	87	33	33
Total Served	87	87	33	33

HUD HPRP

Annual Performance Report

Questions 6-8

8b. Persons and Households Served with Homeless Assistance by Service Activity

Activities	Persons		Households	
	Report Period	GTD	Report Period	GTD
Financial Assistance				
Rental Assistance	0	0	0	0
Security/Utility Deposits	0	0	0	0
Utility Payments	0	0	0	0
Moving Cost Assistance	0	0	0	0
Motel & Hotel Vouchers	0	0	0	0
Total Served with Financial Assistance	0	0	0	0
Housing Relocation & Stabilization Services				
Case Management	0	0	0	0
Outreach & Engagement	0	0	0	0
Housing Search and Placement	0	0	0	0
Legal Services	0	0	0	0
Credit Repair	0	0	0	0
Total Served with Housing Relocatioin & Stabilization Services	0	0	0	0
Total Served	0	0	0	0

8c. Persons and Households Served by Service Activity

Activities	Persons		Households	
	Report Period	GTD	Report Period	GTD
Financial Assistance				
Rental Assistance	87	87	33	33
Security/Utility Deposits	0	0	0	0
Utility Payments	0	0	0	0
Moving Cost Assistance	0	0	0	0
Motel & Hotel Vouchers	0	0	0	0
Total Served with Financial Assistance	87	87	33	33
Housing Relocation & Stabilization Services				
Case Management	87	87	33	33
Outreach & Engagement	0	0	0	0
Housing Search and Placement	0	0	0	0
Legal Services	0	0	0	0
Credit Repair	0	0	0	0
Total Served with Housing Relocation & Stabilization Services	87	87	33	33
Total Served	87	87	33	33

HUD HPRP

Annual Performance Report

Question 9

9a. Gender - Adults

Gender of Adults
Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown HH Type
Male	14	10	4	0
Female	31	15	16	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	45	25	20	0

9b. Gender - Children

Gender of Children
Number of Children in Households

	Total	With Children and Adults	With Only Children	Unknown HH Type
Male	23	23	0	0
Female	19	19	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	42	42	0	0

9c. Gender - Missing Age

Gender of Persons Missing Age Information
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

HUD HPRP

Annual Performance Report

Questions 10-11

10. Age

Age
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	14	0	14	0	0
5 - 12	22	0	22	0	0
13 - 17	6	0	6	0	0
18 - 24	8	4	4	0	0
25 - 34	9	1	8	0	0
35 - 44	10	4	6	0	0
45 - 54	9	8	1	0	0
55 - 61	6	5	1	0	0
62+	3	3	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
Total	87	25	62	0	0

11a. Ethnicity

Ethnicity
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	79	25	54	0	0
Hispanic/Latino	8	0	8	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	87	25	62	0	0

11b. Race

Race
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	55	24	31	0	0
Black or African-American	25	1	24	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	7	0	7	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	87	25	62	0	0

HUD HPRP

Annual Performance Report

Question 13

13a. Residence Prior to Program Entry - Homeless Situations

Residence Prior to Program Entry - Homeless Situations Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	0	0	0	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Total	0	0	0	0	0

13b. Residence Prior to Program Entry - Institutional Settings

Residence Prior to Program Entry - Institutional Settings Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Foster Care	0	0	0	0	0
Total	0	0	0	0	0

13c. Residence Prior to Program Entry - Other Locations

Residence Prior to Program Entry - Other Locations Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	0	0	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	42	25	17	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	2	0	2	0	0
Hotel/Motel, Paid by Client	1	0	1	0	0
Staying or Living with Family	0	0	0	0	0
Staying or Living with Friend(s)	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	45	25	20	0	0

HUD HPRP

Annual Performance Report

Questions 14-15

14. Veteran Status

Veteran Status
Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	1	1	0	0
Not a Veteran	44	24	20	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	45	25	20	0

15. Client Monthly Cash Income Amount - Adult Leavers

Client Monthly Cash Income Amount
Number of Adults Leavers

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income at Exit	Average Change (\$) Monthly Income per Adult
No Income	12	12		12	0	0	\$0.00
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	2	2	0	2	0	0	\$0.00
\$251 - \$500	4	4	0	4	0	0	\$0.00
\$501 - \$750	3	3	0	3	0	0	\$0.00
\$751 - \$1,000	6	6	0	6	0	0	\$0.00
\$1,001 - \$1,250	11	11	0	11	0	0	\$0.00
\$1,251 - \$1,500	6	6	0	6	0	0	\$0.00
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	1	1	0	1	0	0	\$0.00
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
Total	45	45	0	45	0	0	\$0.00

HUD HPRP

Annual Performance Report

Questions 16-17

16. Cash Income Sources - Leavers

Cash Income Sources by Number of Leavers

	Total	Adults	Children	Age Unknown
Earned Income	16	16	0	0
Unemployment Insurance	6	6	0	0
SSI	6	6	0	0
SSDI	4	3	1	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	1	1	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	1	1	0	0
Pension from Former Job	0	0	0	0
Child Support	2	2	0	0
Alimony (Spousal Support)	2	2	0	0
Other Source	1	1	0	0

17. Non-Cash Benefit Sources - Leavers

Non-Cash Benefit Sources by Number of Leavers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	9	9	0	0
MEDICAID Health Insurance	6	6	0	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	1	1	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	1	1	0	0
Other Source	0	0	0	0

HUD HPRP

Annual Performance Report

Questions 18-19

18. Length of Participation by Homelessness Prevention and Homeless Assistance (Leavers Only)

Length of Participation
Number of Leavers

	Total	Homelessness Prevention	Homeless Assistance
Less than 30 days	28	28	0
31 to 60 days	55	55	0
61 to 180 days	4	4	0
181 to 365 days	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0
731 to 1095 days (2-3 Yrs)	0	0	0
More than 3 years	0	0	0
Information Missing	0	0	0
Total	87	87	0

Average and Median Length of Participation in Days

	Average Length	Median Length
Homelessness Prevention	35	33
Homeless Assistance	0	0

19. Housing Status at Entry and Exit

Housing Status at Entry and Exit
All Leavers

Housing Status at Entry	Housing Status at Exit					
	Literally homeless	Imminently losing their housing	Unstably housed and at risk of losing their housing	Stably housed	Don't Know / Refused	Information Missing
Literally homeless	0	0	0	0	0	0
Imminently losing their housing	0	1	0	86	0	0
Unstably housed and at risk of losing their housing	0	0	0	0	0	0
Stably housed	0	0	0	0	0	0
Total number of persons	0	1	0	86	0	0

HUD HPRP

Annual Performance Report

Question 20a1

20a1. Destination for Leavers with Length of Stay Greater than 90 Days - Homelessness Prevention

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	0	0	0	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

HUD HPRP

Annual Performance Report

Question 20a2

20a2. Destination for Leavers with Length of Stay 90 Days or Less - Homelessness Prevention

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	70	24	46	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	12	1	11	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	82	25	57	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	5	0	5	0	0
Subtotal	5	0	5	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

HUD HPRP

Annual Performance Report

Question 20b1

20b1. Destination for Leavers with Length of Stay Greater than 90 Days - Homeless Assistance

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	0	0	0	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

HUD HPRP

Annual Performance Report

Question 20b2

20b2. Destination for Leavers with Length of Stay 90 Days or Less - Homeless Assistance

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	0	0	0	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

HUD HPRP

Annual Performance Report

Additional Information

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Lake - Fair Housing Resource Center - HSP(818)
2. Enter Start Date:	4/1/2012
3. Enter End Date PLUS 1 Day:	1/1/2013
4. Select entry Type:	HUD
5. Enter Grant Start Date:	4/1/2012
6. Enter Adult Age:	18
Enter Effective Date:	1/1/2013
EDA Provider:	Lake - Fair Housing Resource Center - HSP(818)
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes

Provider Reporting Information	GTD Client Count Based on Uid	GTD Unduplicated Count
Lake - Fair Housing Resource Center - HSP(818)	87	87

Additional Information
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Bowman Systems
333 Texas Street, 300
Shreveport, LA 71101
Toll Free: (888) 580-3831
Direct: (318) 213-8780
Fax: (318) 213-8784
Email: ART_Reports@BowmanSystems.com
<http://www.bowmansystems.com>

Income at Entry
#MULTIVALUE

Income at Exit
#MULTIVALUE

Noncash at Entry
#MULTIVALUE

Noncash at Exit
85644
128460
134166
134177
136700
136701
136707
136722
136729
136736
136740
136750
136755
136761
#MULTIVALUE

Missing SSN	Missing DOB	Missing Race	Missing Ethnicity	Missing Gender

Missing Veteran	Missing Type of Living Situation	Missing ZIP	Missing Destination

Unknown HH Type	Unstably Housed at Entry	Stably Housed at Entry	Children Only HH	Less Income at Exit	Destination DKR	Destination Other
				#MULTIVALUE		

This page breaks out the client IDs being shown in Section 19 of the APR which is basically a matrix. LH means Literally Homeless, IL means Imminently Losing, UH means Unstably Housed, and SH means Stably Housed. These columns represent the numbers in the matrix that run diagonally from the intersection of Literally Homeless at Entry and Literally Homeless at Exit, etc. Any clients here likely have no Housing Status at Exit saved. Keep in mind that for Year 1 of HPRP, we were not recording this data. So to see the ones you would need to correct, please rerun the report back to 10/1/2010

LH LH
0

IL IL
136749
1

UH UH
0

SH SH
0

All Clients Counte	Stayers	Adults Only	Adults w/ Kids	All Adults
85644		134097	85644	85644
128460		134101	128460	128460
128461		134177	128461	128461
128462		134178	130027	130027
128463		134179	134166	134097
130027		134181	136707	134101
130028		134184	136711	134166
134097		135902	136719	134177
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MEMORANDUM OF UNDERSTANDING

BETWEEN

Board of Lake County Commissioners (hereby known as "Service Provider")

AND

Coleman Professional Services (hereby known as "Sponsor")

REGARDING

Ohio Department of Development Homeless Crisis Response Program (hereby known as "Project").

The Sponsor has applied for Homeless Crisis Response Program funds from the Ohio Development Services Agency (ODSA) for Region 5 and has made certain representations to ODSA regarding the provision of homeless prevention and re-housing services to very low- and low-income households/tenants. To further accomplish the goals of the Project, the Sponsor desires to enter into a sub-grantee relationship with the Service Provider in the following manner:

Service Provider will provide:

- Training for Service Provider staff
- Written policies and procedures
- HMIS data entry for all Service Provider HCRP clients
- Payment for all Service Provider HCRP client vouchers
- Reimbursement for Service Provider for case management provided for HCRP clients
- Monitoring and review of Service Provider client records for compliance
- Submission of documents to Sponsor within agreed timeline

Sponsor will act as point of contact for Region 5 HCRP providers in Ashtabula, Geauga, Lake, Portage and Trumbull Counties and will provide:

- Management and administration of the program
- Submission of request for payments to Service Provider within agreed timeline
- Assistance with outreach/marketing for the program
- Monthly submission of invoice for reimbursement from ODSA
- Ensure that all regulatory and funding requirements are met
- Provide quarterly financial reports and any other required information to Service Provider for regulatory and funding agencies
- Will coordinate and submit progress reports

It is understood that the Service Provider responsibilities as defined in this Memorandum of Understanding are contingent upon Project funding. The Project is designed to prevent individuals and families from entering homelessness and, where homelessness does occur, to provide for emergency shelter operations and to rapidly move persons from emergency shelter into permanent housing. Service Provider will maintain monthly contact with Sponsor throughout the duration of the program.

GENERAL TERMS

Terms. This Agreement will begin effective the date of January 1, 2014 and will continue through December 31, 2014. This Agreement may be terminated in accordance with the section on Termination below.

Termination. Any party may terminate this Agreement by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the parties in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

Confidentiality. All parties agree that by virtue of entering into this Agreement they will have access to certain confidential information regarding the other party's operations related to the Project. All parties agree that they will not at any time disclose confidential information and/or material without the consent of the party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. Where appropriate, client releases will be secured before confidential consumer information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

Arbitration. Should any party wish to commence an action for damages under this Agreement, it shall be required to adjudicate the dispute through binding arbitration under the rules of the American Arbitration Association or under such rules to which the parties may agree. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment there upon shall be borne equally by all parties. During the course of the arbitration and until a final settlement has been reached, this Agreement shall remain in full force and effect unless otherwise terminated as provided in this Agreement.


Nondiscrimination. Parties agree that there shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, familial status, marital status, sexual orientation, age, handicap, ancestry or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination under Project funded in whole or in part with funds made available through this MOU.

Severability. In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

Amendments. This Agreement may be amended only in writing and authorized by the designated representative of the parties.


The Parties hereto have caused this agreement to be executed this 5TH day of September, 2013.

Signed:


Service Provider/Title

Date: 9-5-13

Signed:


Sponsor Signature/Title

Date: 9/10/2013

Catholic Charities of Ashtabula County



Office of the General Counsel

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 17, 2013

TO: Subordinate Organizations under USCCB Group Ruling
(GEN: 0928)

SUBJECT: 2013 Group Ruling

FROM: Anthony Picarello, General Counsel *APC*
(Staff: Matthew Giuliano, Assistant General Counsel)

This memorandum relates to the Group Ruling reaffirmation letter issued to the United States Conference of Catholic Bishops ("USCCB") on June 12, 2013 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of subordinate organizations listed in the 2013 edition of the Official Catholic Directory ("OCD")¹. As explained in greater detail below, this ruling is important for establishing:

- (1) exemption of subordinate organizations under the USCCB Group Ruling from federal income tax; and
- (2) deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2013 Group Ruling letter is the latest in a series that began with the original determination letter of March 25, 1946. In the original 1946 letter, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been reaffirmed with respect to subordinate organizations listed in the current edition of the OCD². The annual group ruling letter clarifies important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Group Ruling letters from prior years establish tax consequences with respect to transactions occurring during those years.

¹ A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc, under the heading Group Tax Exemption.

² Catholic organizations with independent IRS exemption determination letters are listed in the 2013 OCD with an asterisk (*), which indicates that such organizations are **not** covered by the Group Ruling.

Responsibilities under Group Ruling. Diocesan officials who compile OCD information for submission to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that newly-qualified organizations are listed as soon as possible.

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest Group Ruling letter reaffirms that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions that appear in the 2013 OCD and are subordinate organizations under the Group Ruling are recognized as exempt from federal income tax under section 501(c)(3) of the Code. *(The Group Ruling does not cover organizations listed with asterisks or any foreign organizations listed in the 2013 OCD.)*

Verification of Exemption under Group Ruling. The latest Group Ruling letter indicates that most subordinate organizations under a group tax exemption are not separately listed in IRS Publication 78 or the IRS Exempt Organization Business Master File ("EOBMF"). As a result, most subordinate organizations under the USCCB Group Ruling will not be included in various online databases that are derived from either of these IRS sources. This does not mean that subordinate organizations included in the Group Ruling are not tax-exempt, that contributions to them are not deductible, or that they are not eligible for grant funding from corporations, private foundations, or other donors that may rely on online databases for verification of tax-exempt status. It does mean that a Group Ruling subordinate may have to make an extra effort to document its eligibility to receive contributions. The Group Ruling letter states that donors may verify that a subordinate organization is included in the Group Ruling by consulting the Official Catholic Directory or by contacting USCCB directly. It also states that IRS does not verify inclusion of subordinate organizations under the Group Ruling. *Accordingly, neither subordinate organizations nor donors should contact IRS seeking verification of inclusion under the Group Ruling.*

Subordinate organizations should refer donors, including corporations and private foundations, to the specific language in the Group Ruling letter noted above, and to IRS Publication 4573, *Group Exemptions*, available on the IRS website at www.irs.gov. Publication 4573 explains that: (1) IRS does not determine which organizations are included in a group exemption; (2) subordinate organizations exempt under a group exemption do not receive an IRS determination letter; (3) exemption under a group ruling is verified by

reference to the official subordinate listing (e.g., the Official Catholic Directory); and (4) it is not necessary for an organization included in a group exemption to be listed in Publication 78 or the EOBF. Although not required, organizations in the Group Ruling may be included in the EOBF, and consequently, online databases derived from it.

2. **Public Charity Status.** The latest Group Ruling letter recognizes that subordinate organizations included in the 2013 OCD are not private foundations under section 509(a) of the Code, and that all subordinate organizations do not share the same sub-classification under section 509(a). In addition, although USCCB is classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(i), that classification does *not* automatically extend to subordinate organizations covered under the Group Ruling.

Verification of Public Charity Status. The latest Group Ruling letter recognizes subordinate organizations covered under its provisions as public charities under section 509(a), but does not specify the subsection of section 509(a) under which they are classified because all covered organizations do not share a common classification. Each subordinate organization must establish its own public charity classification under section 509(a)(1), 509(a)(2) or 509(a)(3) as a condition of inclusion in the Group Ruling.

As a result of requirements imposed by the Pension Protection Act of 2006 with respect to private foundation grants to section 509(a)(3) supporting organizations, private foundations may require more specific documentation of public charity status under section 509(a)(1), 509(a)(2), 509(a)(3)-Type I or 509(a)(3)-Type II.

Certain types of subordinate organizations included in the Group Ruling qualify as public charities by definition under the Code. These are:

- churches and conventions and associations of churches under sections 509(a)(1) and 170(b)(1)(A)(i) (generally limited to dioceses, parishes, religious orders, and state Catholic conferences);
- elementary and secondary schools, colleges and universities under sections 509(a)(1) and 170(b)(1)(A)(ii); and
- hospitals under sections 509(a)(1) and 170(b)(1)(A)(iii).

Other subordinate organizations covered under the Group Ruling may qualify under the public support tests of either sections 509(a)(1) and 170(b)(1)(A)(vi) or section 509(a)(2). Verification of public charity classification under either of the support tests generally can be established by providing a written declaration of the applicable classification signed by an officer of the

organization, along with a reasoned written opinion of counsel and a copy of the support test portion of Form 990, if applicable. A section 509(a)(3) organization included in the Group Ruling may want to file Form 8940, Request for Miscellaneous Determination, with the IRS to request a determination as to whether the organization is a Type I or II supporting organization to satisfy private foundation and donor-advised fund grantors of its supporting organization status.

3. **Deductibility of Contributions.** The latest Group Ruling letter assures donors (including individuals, corporations, and private foundations) that contributions to subordinate organizations listed in the 2013 OCD are deductible for federal income, gift, and estate tax purposes.

4. **Unemployment Tax.** As section 501(c)(3) organizations, subordinate organizations covered by the Group Ruling are exempt from *federal* unemployment tax. However, individual states may impose unemployment tax on subordinate organizations even though they are exempt from federal unemployment tax. Please refer to your local tax advisor any questions you may have about state unemployment tax.

5. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to withhold and pay taxes under the Federal Insurance Contributions Act (FICA) for each employee.³ However, services performed by diocesan priests in the exercise of their ministry are not considered "employment" for FICA (Social Security) purposes.⁴ FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.⁵ Neither FICA nor income tax withholding is required on remuneration paid directly to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.⁶

³ Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.

⁴ I.R.C. § 3121(b)(8)(A).

⁵ I.R.C. § 1402(a)(8). See also, Compensation of Priests, at <http://www.usccb.org/bishops/dfi/dualtax.htm>.

⁶ Rev. Rul. 77-290, 1977-2 C.B. 26. See also, OGC/LRCR Memorandum on Compensation of Religious, <http://www.usccb.org/ogc/RelComp2006.pdf> (September 11, 2006).

6. **Federal Excise Tax.** Inclusion in the Group Ruling has no effect on a subordinate organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your local tax advisor any questions you may have about excise taxes.

7. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish a subordinate organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your local tax advisor any questions you may have about state or local tax exemptions.

8. **Form 990/EZ.** All subordinate organizations covered under the Group Ruling must file Form 990, Return of Organization Exempt from Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, *unless* they are eligible for a mandatory or discretionary exception to this filing requirement. ***There is no automatic exemption from the Form 990/EZ filing requirement simply because an organization is included in the Group Ruling or listed in the OCD.*** Subordinate organizations required to file Form 990/EZ must do so by the 15th day of the fifth month after the close of their fiscal year.⁷ Among the organizations *not* required to file Form 990/EZ under section 6033 of the Code are: (i) churches; (ii) integrated auxiliaries of churches;⁸ (iii) the exclusively religious activities of religious orders; (iv) schools

⁷ The penalty for failure to file the Form 990 is \$20 for each day the failure continues, up to a maximum of \$10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of \$1 million are subject to penalties of \$100 per day, up to a maximum of \$50,000. I.R.C. § 6652(c)(1)(A).

⁸ I.R.C. § 6033(a)(3)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

- (1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and
- (2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

Men's and women's organizations, seminaries, mission societies and youth groups do not have to be internally supported in order to qualify as integrated auxiliaries.

below college level affiliated with a church or operated by a religious order;⁹ (v) organizations with gross receipts normally not in excess of \$50,000;¹⁰ and (vi) certain church-affiliated organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.¹¹

Special Rules for Section 509(a)(3) Supporting Organizations. The Pension Protection Act of 2006 eliminated discretionary exceptions to the Form 990 filing requirement as applied to section 509(a)(3) supporting organizations. The discretionary exceptions likely to be affected by this provision are exceptions (v) and (vi) above. This means that if a subordinate organization under the Group Ruling is classified as a section 509(a)(3) supporting organization, it may no longer rely on exceptions (v) or (vi) above as the basis for not filing Form 990. However, a section 509(a)(3) supporting organization that qualifies as an integrated auxiliary of a church under section 6033 may continue to rely on that exception as a basis for not filing Form 990/EZ. Because it is a statutory exception, the integrated auxiliary of the church exception was not affected by the Pension Protection Act.

Form 990-N Filing Requirements. Under the Pension Protection Act of 2006, a subordinate organization under the Group Ruling that claims exception (v) above (gross receipts normally not in excess of \$50,000) as its sole basis for not filing Form 990/EZ must file annual electronic Form 990-N ("e-Postcard") as required by IRS, setting forth the following information: (1) the legal name of the organization; (2) any name under which the organization operates or does business; (3) the organization's mailing address and Internet website address; (4) the organization's EIN; (5) the name and address of a principal officer; (6) evidence of the organization's continued qualification for exemption from the Form 990 filing requirement; and (7) notification of termination, if applicable. Form 990-N is due on or before the 15th day of the fifth calendar month following the close of the fiscal year for which it is filed.¹² Form 990-N may be filed electronically through the IRS website for free. There is no late-filing penalty for Form 990-N as there is with Form 990/EZ, except that an organization that does not file a required Form 990-N for three consecutive years may automatically lose its tax-exempt status. As described in the previous paragraph, section 509(a)(3) supporting organizations are

⁹ Treas. Reg. §1.6033-2(g)(1)(vii).

¹⁰ Rev. Proc. 2011-15, 2011-3 I.R.B. 322 (January 17, 2011).

¹¹ Rev. Proc. 96-10, 1996-1 C.B. 577.

¹² Treas. Reg. § 1.6033-6(f).

usually required to file Form 990/EZ, regardless of their gross receipts.¹³

Your organization must use its own EIN to file its 990/EZ/N. **Do not** use the EIN of the USCCB or an affiliated parish, diocese or other organization to file a return.

Public Disclosure and Inspection. Any subordinate organization that is required to file Form 990/EZ¹⁴ must upon request make a copy of the form and its schedules (other than Form 990 contributor lists) and attachments available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990/EZ for a particular year must be made available for a three year period beginning with the due date of the return.¹⁵ In addition, any organization that files Form 990/EZ must comply with written or in-person requests for copies of the form. The organization may impose no fees other than a reasonable fee to cover copying and mailing costs. If requested, copies of the forms for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.¹⁶

Public Disclosure of Form 990-T. Under the Pension Protection Act of 2006, Form 990-T, Exempt Organization Unrelated Business Income Tax Return, for organizations exempt under section 501(c)(3) (which includes all organizations in the USCCB Group Ruling) is subject to similar¹⁷ public inspection and copying rules that apply to Forms 990/EZ.

¹³ Section 509(a)(3) organizations that support religious organizations, and whose receipts are normally not more than \$5,000, may file Form 990-N in lieu of Form 990/EZ.

¹⁴ Form 990-N is available for public inspection at no cost through the IRS website at www.irs.gov.

¹⁵ The penalty for failure to permit public inspection of the Form 990 is \$20 for each day during which such failure continues, up to a maximum of \$10,000. I.R.C. § 6652(c)(1)(C).

¹⁶ I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.

¹⁷ Only the Form 990-T itself, and any schedules, attachments, and supporting documents that relate to the imposition of tax on the unrelated business income of the organization, are required to be made available for public inspection.

Revocation for Failure to File. Under the Pension Protection Act of 2006, the tax-exempt status of an organization, including a subordinate organization under the Group Ruling, that is required to file Form 990/EZ or Form 990-N but that fails to do so for three consecutive years will be considered revoked. Filing an application for reinstatement with IRS (not through the Group Ruling process) will be required in order to reinstate exemption. See the IRS website (charities and non-profits) at <http://www.irs.gov/charities/article/0,,id=239696,00.html> for information on automatic revocation, including the current list of revoked organizations and guidance about reinstatement of exemption.

Group Returns. USCCB does not file a group return Form 990 on behalf of any organizations in the Group Ruling. In addition, no subordinate organization under the Group Ruling is authorized to file a group return for its own affiliated group of organizations.

9. **Certification of Racial Nondiscrimination by Private Schools in Group Ruling.** Revenue Procedure 75-50¹⁸ sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies with which private schools, including church-related schools, must comply as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form is available at www.irs.gov. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed by an individual school or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should ensure that the requirements of Rev. Proc. 75-50 are met since failure to do so could jeopardize the tax-exempt status of the school and, in the case of a school not legally separate from the church, the tax-exempt status of the church itself.***

10. **Lobbying Activities.** Subordinate organizations under the Group Ruling may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot

¹⁸ 1975-2 C.B. 587.

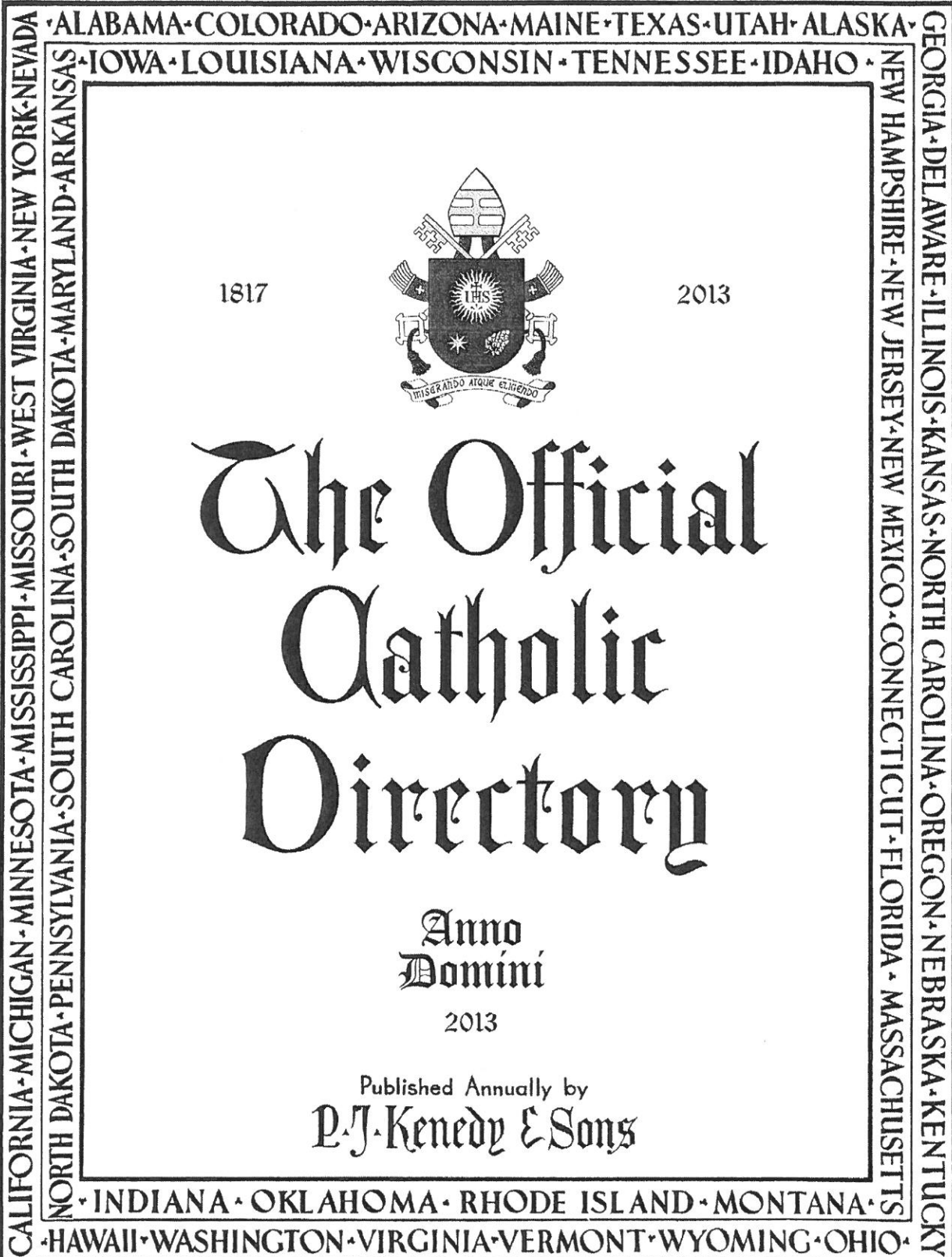
initiatives. There is no distinction between lobbying activity that is related to a subordinate organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your local tax advisor any questions you may have about permissible lobbying activities.

11. **Political Activities.** *Subordinate organizations under the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political campaign intervention can jeopardize the organization's tax-exempt status.* In addition to revoking tax-exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. The Office of General Counsel memorandum, *Political Campaign Activity Guidance for Catholic Organizations*, available at www.usccb.org/ogc, contains detailed information regarding the prohibition against political campaign intervention. If you have any questions in this regard, please refer them to your local tax advisor.

12. **Group Exemption Number ("GEN").** The group exemption number assigned to the USCCB Group Ruling is 0928. ***This number must be included on each Form 990/EZ, Form 990-T, and Form 5578 required to be filed by a subordinate organization under the Group Ruling.***¹⁹ We advise *against* using GEN 0928 on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS improperly including USCCB as part of the subordinate organization's name in IRS records.

13. **Employer Identification Numbers ("EINs").** Each subordinate organization under the Group Ruling should have its own EIN. A subordinate organization must use its own EIN, *not* USCCB's EIN, or the EIN of an affiliated parish, diocese or other organization, in all filings with IRS (e.g., Forms 941, W-2, 1099, or 990/EZ) and other financial documents. In addition, subordinate organizations may *not* use USCCB's EIN in order to qualify for online donations, grants or matching gifts.

¹⁹ IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number (0928) on their Form 990/EZ/T filings, particularly the initial filing.



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The Official Catholic Directory

Anno
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2013

Published Annually by
P.J. Kennedy & Sons

Corporation (1999) 144 W. Wood St., 44503. Tel: 330-744-8451; Fax: 330-742-6447. Email: mandersen@youngstowndiocese.org. Web: www.catholiccharitiesyoungstown.org.

ASHTABULA. Catholic Charities of Ashtabula County (1944) 4200 Park Ave., 3rd Fl., 44004. Tel: 440-992-1212; Fax: 440-992-6974. Email: lynnz@doeyccac.org. Web: www.doeyccac.org. Lynn M. Zalewski, Exec. Dir. Total Assisted 15,000; Total Staff 15.

CANTON

RAVENNA. Catholic Charities Serving Portage and Stark Counties, 206 W. Main St., 44266. Tel: 330-297-7745; Fax: 330-297-7763. Email: info@catholiccharitiesps.org. Diana Stromsky, Interim Dir.

[M] HOMES FOR WOMEN

YOUNGSTOWN. *Beatitude House* (1991) 238 Tod Ln., 44504. Tel: 330-744-3147; Fax: 330-744-3991. Email: info@beatitudehouse.com. Web: www.beatitudehouse.com. Sr. Patricia McNicholas, O.S.U., Exec. Dir. Permanent supportive housing, transitional housing, job preparation, job training, counseling, education and case management for economically disadvantaged women and children. Bed Capacity 170; Total Assisted 500; Total Staff 27.

[N] RETREAT HOUSES

YOUNGSTOWN. *Our Lady of the Woods Pastoral Center* (1994) 144 W. Wood St., 44503. Tel: 330-744-8451; Fax: 330-744-1702.

[O] NEWMAN CENTERS

YOUNGSTOWN. *Newman Center at Youngstown State University* 254 Madison Ave., 44504-1627. Tel: 330-747-9202. Email: ysucsa@gmail.com. Web: www.ysucsa.org. Total Staff 1.

KENT. *Kent State University Newman Center* 1424 Horning Rd., 44240. Tel: 330-678-0240; Fax: 330-678-7780. Web: www.kentnewmancenterparish.org. Rev. Steven J. Agostino; Ms. Carmen Roebke, Pastoral Assoc. & Christian Formation; Ms. MaryLynn Delfino, Pastoral Assoc. & Campus Min.; Dr. John Roebke, Music Dir. Total in Residence 1; Total Staff 5.

[P] MISCELLANEOUS LISTINGS

YOUNGSTOWN. *Caritas Communities*, 225 Elm St., 44503. Tel: 330-744-8451; 330-384-1555; Fax: 330-742-6447. Email: ggarchar@youngstowndiocese.org. Web: www.catholiccharitiesyoungstown.org. Mr. George Garchar, Pres.; Ken Radigan, Chm. As a member Corporation of Catholic Charities Housing Opportunities and the Humility of Mary Housing Program, Caritas Communities will serve as Property Management Corporation for low income and special needs housing. Families Assisted 165; Total Staff 1.

"The Catholic Exponent", P.O. Box 6787, 44501-6787. Tel: 330-744-5251; Fax: 330-744-5252. Email: exponent@doeyweb.org. Web: www.cathexpo.org.

Conference of Slovak Clergy, 144 W. Wood St., 44503. Tel: 330-744-8451; Fax: 330-742-6448. Most Rev. Joseph Victor Adamec, D.D., S.T.L., Vice Chm.; Rev. Msgr. Robert J. Siffrin, Chm.;

Rev. Martin Celuch, J.C.L., Sec. The Conference was founded April 22, 1986, and incorporated on June 14, 2000. It associates bishops, priests and deacons of Slovak ancestry in the United States for the purposes of mutual pastoral support and financial assistance to those preparing themselves for ordained ministry of the churches in union with Rome, particularly those of Slovak ancestry. Declaration of Trust of Trumbull, Department of Education, 144 W. Wood St., 44503. Tel: 330-744-8451; Fax: 330-744-5099. Email: nwlsonovich@youngstowndiocese.org. County Catholic School Endowment Fund.

First Friday Club of Greater Youngstown, P.O. Box 11146, 44511. Tel: 330-533-1023; Fax: 330-533-1023.

Humility of Mary Health Partners Development Foundation (1966) 250 DeBartolo Pl., Ste. 2560, 44512. Tel: 330-729-1180; Fax: 330-729-9473. Email: james_schultis@hmis.org. Web: www.hmpartners.org. James Schultis, Pres. & CEO. Total Staff 6.

Lake to River Telecommunications Corporation, 144 W. Wood St., 44503.

Midwest Canon Law Society, 141 W. Rayen Ave., 44503. Tel: 330-744-8451.

Roman Catholic Diocese of Youngstown "Today's Sacrifice...Tomorrow's Church" Capital Campaign, 144 W. Wood St., 44503. Tel: 330-744-8451; Fax: 330-742-6447. Web: www.doey.org. Mr. Pat Palombo, Dir. Devel. & Stewardship, 144 W. Wood St., 44503. Tel: 330-744-8451; Mr. Patrick A. Kelly, CFO.

Roman Catholic Diocese of Youngstown Foundation, 144 W. Wood St., 44503. Tel: 330-744-8451; Fax: 330-744-2848. Mr. Patrick A. Kelly, CFO.

Roman Catholic Diocese of Youngstown Property Corporation, 144 W. Wood St., 44503. Tel: 330-744-8451; Fax: 330-744-2848. Mr. Patrick A. Kelly, CFO.

CANFIELD. *The Ursuline Center* (1993) 4280 Shields Rd., 44406. Tel: 330-799-4941; Fax: 330-799-4988. Email: ndawsonosu@aol.com. Web: www.theursulines.org. Resource and outreach services for the poor, including prison ministry, AIDS ministry, retreats, water therapy, adult formation, speech and hearing services, school of music, massage therapy, college courses, counselling, tutoring, Walsh University Masters Programs and undergraduate degree programs. Total Assisted Annually 40,000; Sisters 8; Total Staff 18.

CANTON. *Catholic Migrant Farmworker Network, Inc.*, 701 Walnut Ave. N.E., 44702. Tel: 330-454-6754; Fax: 330-454-2255.

Early Childhood Resource Center, 1718 Cleveland Ave., N.W., 44703. Tel: 330-491-3272. Web: www.sistersofcharityhealth.org. Sr. Judith Ann Karam, C.S.A., Pres. & CEO.

Sisters of Charity Foundation of Canton (1996) 400 Market Ave. N., Ste. 300, 44702-1556. Tel: 330-454-5800; Fax: 330-454-5909. Email: jclose@sccanton.org. Web: www.sccanton.org. Joni T. Close, Pres.

LOUISVILLE. *St. Thomas Aquinas High School Endowment Fund* (1964) 2121 Reno Drive, N.E., 44641. Tel: 330-875-1631; Fax: 330-875-8469. Web: www.staha.org. Rev. Thomas P. Dyer, Pres. & CEO; Victoria Frustaci, Business Mgr.

MASSILLON. *National Shrine of St. Dymphna* (1938)

206 Cherry Rd., N.E., 44646. Tel: 330-833-8478; Fax: 330-833-5193. Rev. A. Edward Gretchko, Chap.

[Q] DIOCESAN CEMETERIES

YOUNGSTOWN. *Calvary*, 248 S. Belle Vista Ave., 44609. Tel: 330-792-4721; Fax: 330-792-1885.

Catholic Cemeteries of the Diocese of Youngstown, Inc., 144 W. Wood St., 44503. Tel: 330-744-8451; Fax: 330-742-6448. Rev. Msgr. Frank A. Carfagna, Dir.; Mr. Joseph Kun, Asst. Dir.

Resurrection, 300 N. Raccoon Rd., 44515. Tel: 330-799-1900; Fax: 330-799-5241.

CORTLAND. *All Souls*, 3823 Hoagland Blackstub Rd., 44410. Tel: 330-637-2761; Fax: 330-637-9522.

MASSILLON. *Calvary*, 3469 Lincoln Way E., 44646. Tel: 330-832-1866; Fax: 330-832-0059. Email: calvary3469@sbcglobal.net. Becky Tully, Supt.

RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the corresponding bracketed number in the Religious Institutes of Men or Women section.

[]—Apostles of Jesus—A.J.

[]—Benedictine Order of Cleveland

[0320]—Brothers of Christian Instruction—F.I.C.

[0520]—Franciscan Friars (Immaculate Conception Prov. of New York)—O.F.M.

[]—Franciscans Third Order Regular

[0430]—Order of Preachers (Dominicans) (Prov. of St. Joseph)—O.P.

[1065]—Priestly Fraternity of St. Peter—F.S.S.P.

[]—Society of Jesus—S.J.

[1020]—Society of St. Paul—S.S.P.

RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[0100]—Adorers of the Blood of Christ—A.S.C.

[]—Antonine Sisters—A.S.

[]—Benedictine Sisters (Byzantine Sisters)—O.S.B.

[1040]—Congregation of the Divine Spirit—C.D.S.

[1115]—Dominican Sisters of Peace—O.P.

[]—Little Sisters of Mary Immaculate—L.S.M.I.G.

[3050]—Oblate Sisters of the Sacred Heart of Jesus—O.S.H.J.

[3210]—Poor Clares of Perpetual Adoration—P.C.P.A.

[0580]—Sisters of Charity of St. Augustine—C.S.A.

[0990]—Sisters of Divine Providence—C.D.P.

[]—Sisters of Mercy of the Americas

[2990]—Sisters of Notre Dame—S.N.D.

[]—Sisters of Our Lady of Kilimanjaro—C.D.N.K.

[1710]—Sisters of St. Francis of Mary Immaculate, Joliet, IL—O.S.F.

[]—Sisters of St. Francis of the Newman Communities

[]—Sisters of St. Francis of Tiffin, OH—OSFT

[3910]—Sisters of St. Joseph of St. Mark—S.J.S.M.

[]—Sisters of St. Joseph of the Third Order of St. Francis—SSJ-TOSF

[2110]—Sisters of the Humility of Mary—H.M.

[3730]—Sisters of the Order of St. Basil the Great—O.S.B.M.

[]—Ursuline Sisters of Cleveland—O.S.U.

[4120-07]—Ursuline Sisters of Youngstown—O.S.U.

NECROLOGY

† Lyons, John F., (Retired)—Died Dec. 10, 2011

† Nentwick, John, (Retired)—Died Aug. 21, 2012

† Oser, Donald J., (Retired)—Died Oct. 23, 2012

An asterisk (*) denotes an organization that has established tax-exempt status directly with the IRS and is not covered by the USCCB Group Ruling.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CATHOLIC CHARITIES OF ASHTABULA COUNTY, an Ohio not for profit corporation, Charter No. 314373, having its principal location in Ashtabula, County of Ashtabula, was incorporated on October 4, 1962 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 30th day of August, A.D. 2013.

Jon Husted

Ohio Secretary of State

Validation Number: 201324201300

CATHOLIC CHARITIES OF ASHTABULA COUNTY
DIOCESE OF YOUNGSTOWN CATHOLIC CHARITIES CORPORATION
BOARD OF DIRECTORS ROSTER FOR 2013

Member Since	Name Employer Occupation	Parish Affiliation	Address Address #2 Personal Email Address Work Email Address	Home # Work # Fax # Cell #
PRESIDENT				
2010 January	Vanderbilt Robison AT-Tech Instructor	Our Lady of Peace Ashtabula	H [REDACTED] -- P [REDACTED]	[REDACTED] -- -- [REDACTED]
VICE PRESIDENT				
2009 August	Cynthia Wynn Community Volunteer	St. Joseph Calasanciu Jefferson	H [REDACTED] -- P [REDACTED]	[REDACTED] -- -- --
2nd VICE PRESIDENT				
2008 August	Sylvia Atkinson Ashtabula Area City Schools Retired Principal	St. Mary/St. Frances C Conneaut	H [REDACTED] -- P [REDACTED] --	[REDACTED] -- 440-993-2480 [REDACTED]
TREASURER				
2009 August	Donald Meola State of Ohio Auditor	Our Lady of Peace Ashtabula	H [REDACTED] P [REDACTED] --	[REDACTED] 330-797-9900 -- --
SECRETARY				
2010 January	Mike Vandervort U.S. Sorbents, Inc. President	Assumption Geneva	H [REDACTED] -- P -- W mikev@ussorbents.com	[REDACTED] 440-466-3400 -- --

**CATHOLIC CHARITIES OF ASHTABULA COUNTY
DIOCESE OF YOUNGSTOWN CATHOLIC CHARITIES CORPORATION
BOARD OF DIRECTORS ROSTER FOR 2013**

DIRECTORS

Ex Officio	Mary Ellen Andersen	Diocesan	W 144 West Wood Street	Youngstown, OH 44503	--
Non-voting	Diocese of Youngstown		--		330-744-8451
	DOYCCC, President & CEO		W mandersen@youngstowndiocese.org		330-742-6447
					--
2012 January	Barb Buckley Community Volunteer	Sacred Heart Rock Creek	H [REDACTED] P [REDACTED]	Roaming Shores, OH [REDACTED]	-- -- [REDACTED]
2013 January	Nicholas Iarocci The Iarocci Law Firm, LLC Managing member/owner	St. Mary/St. Frances C Conneaut	W 213 Wasington St. W nick@iaroccilaw.com P [REDACTED]	Conneaut, OH 44030	[REDACTED] 440-593-6457 -- --
2011 January	Rich Johnson Our Lady of Peace Deacon	Our Lady of Peace Ashtabula	[REDACTED] P [REDACTED] W deacon121794@gmail.com	Ashtabula, OH 44004	[REDACTED] 440-992-0330 -- --
2013 January	Monica Offensend Ashtabula Co. Med. Center Coordinator Education	St. Joseph Calasantiu Jefferson	P [REDACTED] -- P [REDACTED] W monica.offensend@acmchealth.org	Jefferson, OH 44047	[REDACTED] 440-997-6501 -- --
2012 January	Terri Orlando Lake Erie College Program Coordinator for the Education Dept.	Our Lady of Peace Ashtabula	[REDACTED] -- P [REDACTED] W torlando@lec.edu	Ashtabula, OH 44004	[REDACTED] 440.375.7367 -- --

CATHOLIC CHARITIES OF ASHTABULA COUNTY
DIOCESE OF YOUNGSTOWN CATHOLIC CHARITIES CORPORATION
BOARD OF DIRECTORS ROSTER FOR 2013

DIRECTORS									
Director	Greta Cordova	Assumption	H	██████████	Geneva, OH 44041	██████████	unlisted)		
Emeritus	Retired	Geneva	--	--		--	--		
Non-voting	Nurse		P	██████████		--	--		
			--	--		--	--		
Director	Dixon Greenwood	St. Joseph	H	██████████	Ashtabula, OH 44004	██████████			
Emeritus	Retired	Ashtabula	--	--		--	--		
Non-voting			P	██████████		--	--		
			--	--		--	--		
Executive	Lynn Zalewski	Assumption	H	██████████	Geneva, OH 44041	██████████			
Director	Bachelor of Business Admin.	Geneva	W	4200 Park Avenue, 3rd Floor	Ashtabula, OH 44004	440-992-2121 ext 15			
	Master's of Nonprofit Mgmt.		--	--		440-992-5974			
			W	lynnz@doyccac.org		██████████			



Catholic Charities of Ashtabula County
4200 Park Avenue, Third Floor
Ashtabula, Ohio 44004
Phone: (440) 992-2121 Fax: (440) 992-5974
www.doyccac.org



September 6, 2013

Mr. Michael Hiler
Ohio Department Services Agency
Office of Community Development
PO Box 1001
77 South High Street, 24th Floor
Columbus, OH 43215

Dear Mr. Hiler:

Please be advised that that Catholic Charities of Ashtabula County is governed by a voluntary Board of Directors, who receive no compensation, other than reimbursement for expenses, for their services.

If you should need additional information, please do not hesitate to contact me at 440-992-2121. Thank you.

Sincerely,

Lynn M. Zalewski
Executive Director

*"I tell you, whenever you did this for one of the least important
of these followers of mine, you did it for me!" - Matthew 25:40*





Catholic Charities of Ashtabula County
4200 Park Avenue, Third Floor
Ashtabula, Ohio 44004
Phone: (440) 992-2121 Fax: (440) 992-5974
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BOARD OF DIRECTORS RESOLUTION

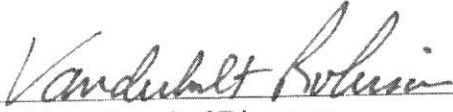
WHEREAS, The Board of Directors of Catholic Charities of Ashtabula County (CCAC) has assembled in a meeting on the 14th day of August 2013.

WHEREAS, the Board of Directors of CCAC has received an overview of the Homeless Crisis Response Program (HCRP).

NOW, THEREFORE, BE IT RESOLVED THAT:

The Board of Directors of CCAC hereby approves the submission of the HCRP application to the Ohio Development Services Agency through the lead grantee for Region 5, Coleman Professional Services.

The undersigned, Vanderbilt Robison, President of the Board of Directors of Catholic Charities of Ashtabula County hereby certifies that the foregoing resolution(s) was duly adopted by the Board of Directors on the 14th of August 2013.



President, Board of Directors

September 8, 2013

"I tell you, whenever you did this for one of the least important of these followers of mine, you did it for me!" - Matthew 25:40

